## PART B - FEE(S) TRANSMITTAL

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CURRENT CORRESPONDENC	E ADDRESS (Note: Legibly mark	-up with any corrections or us	e Block 1)	Fee(s) Fransmittal. T	of mailing can only be used his certificate cannot be used	for any other accompanying
2292 75	i90 12/23/2003			papers. Each addition	nal paper, such as an assignmate of mailing or transmission.	ent or formal drawing, must
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PO BOX 747	—			I hereby certify that	this Fee(s) Transmittal is being	ng deposited with the United
FALLS CHURCH,	VA 22040 0747	OINE)		States Postal Service addressed to the Matransmitted to the US	this Fee(s) Transmittal is being with sufficient postage for final Stop ISSUE FEE addres PTO, on the date indicated be	rst class mail in an envelope s above, or being facsimile clow.
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		MAR 2 3 2004 🛣	1			(Signature)
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APPLICATION NO.	FILING DATE	FIRADENARY FI	RST NAMED INVEN	TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/493,214	01/28/2000		Carsten Thirstrup		459-393P	1947
TITLE OF INVENTION: SU	JRFACE PLASMON RE	SONANCE SENSOR				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PL	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	5 \$0		\$665	03/23/2004
EXAMINER		ART UNIT	CI	ASS-SUBCLASS	7	
MERLINO, AMANDA H		2877		356-445000	<b>-</b>	
<ul> <li>I. Change of correspondence address or indication of "Fee Address" (CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required.</li> </ul>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  1 HARNESS DICKEY  2			
3. ASSIGNEE NAME AND PLEASE NOTE: Unless been previously submitted (A) NAME OF ASSIGNI VIR A/S	an assignee is identified b d to the USPTO or is being	elow, no assignee data g submitted under sepa	a will appear on the rate cover. Complet RESIDENCE: (CIT	• • •	•	iate when an assignment has signment.
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Please check the appropriate		•	<u> </u>	□ individual 💆	corporation or other private g	roup entity  government
4a. The following fee(s) are		4b. Payment of Fee(s):				
Al Publication Fee			And A check in the amount of the fee(s) is enclosed.  ☐ Payment by credit card. Form PTO-2038 is attached.			
Advance Order - # of 6	Conies		The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to			
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Director for Patents is reques	ifed to apply the Islue Fee	and Publication Fee (it	f any) or to re-apply	any previously paid	issue fee to the application id	entified above.
(Authorized Signature)		(Date)				
John A. Castell	ano/35,094	3	3-23-04	03/24	1/2004 GUORDOF2 000001	52 080750 09493214
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This collection of informat obtain or retain a benefit by application. Confidentiality estimated to take 12 minut completed application for case. Any comments on suggestions for reducing the retained of the case. Any comments of SEND TO: Commissioner of the case of the	tion is required by 37 CF by the public which is to is governed by 35 U.S.C. es to complete, including in to the USPTO. Time v the amount of time you his burden, should be sen office, U.S. Department END FEES OR COMPL for Patents, Alexandria, V	R 1.311. The informate file (and by the USP) 122 and 37 CFR 1.14. gathering, preparing, a fill vary depending up require to complete to the Chief Informatof Commerce, Ale ETED FORMS TO riginia 22313-1450.	tion is required to TO to process) an This collection is and submitting the ton the individual this form and/or tion Officer, U.S. xandria, Virginia THIS ADDRESS.	<b>V.</b> 1.		
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